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CONFIRMATION NO. 8910

<b>SERIAL NUMBER</b> 10/534,847	<b>FILING OR 371(c) DATE</b> 11/04/2005 <b>RULE</b>	<b>CLASS</b> 004	<b>GROUP ART UNIT</b> 3751	<b>ATTORNEY DOCKET NO.</b> 229/1/059
<b>APPLICANTS</b> Albert Fernandez Mateu, Sant Feliu de Guixols, SPAIN, Deceased; Raquel Fernandez Escortell, Salt ( Girona), SPAIN, Legal Representative;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/ES03/00579 11/14/2003				
<b>** FOREIGN APPLICATIONS *****</b> SPAIN U200202786 11/19/2002				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>		<b>STATE OR COUNTRY</b> SPAIN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 170				
<b>TITLE</b> Disposable protector for the seat ring or upper part of a toilet				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	